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ABSTRACT

This study was designed to ascertain current trends in associate degree nursing programs and to discover innovative ideas and techniques which could be applied to the existing program at Miami-Dade Community College (Florida). Data was compiled from interviews with representatives of ten associate degree nursing programs in six states. Information obtained relates to: the possibility of part-time or evening study; student living arrangements; usual duration of the program and typical number of students enrolled; ease of student transfer and employment; faculty load, qualifications, accountability, evaluation, in-service training, and released time; student admission requirements; teaching methods; student evaluation methods; student characteristics (age, sex, marital and socioeconomic status, race, and previous academic achievement); and the general philosophy of the programs. In all ten programs: (1) the curriculum combines nursing courses and supportive college courses; (2) costs, admission policies, and living arrangements for nursing students are comparable to those for students in other curricula; (3) students are prepared for state licensure examinations for registered nurses; and (4) program length varies from two academic years to two calendar years. Trends are noted and recommendations for further study are made. The interview instrument is appended. (DC)

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CURRENT TRENDS

IN

ASSOCIATE DEGREE NURSING PROGRAMS

by

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Miami-Dade Community College

BEST COPY AVAILABLE

A PRACTICUM PRESENTED TO NOVA UNIVERSITY
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DEGREE OF DOCTOR OF EDUCATION

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I. INTRODUCTION

There has been growing public concern over a comprehensive system of health care for the United States. Since the beginning of the 93rd Congress, no less than 29 legislative proposals dealing with national health insurance have been proposed. Presently there are at least three bills before Congress concerning some form of national health insurance. Legislators predict passage of some form of national health insurance this year or next. Whichever bill is eventually adopted, all the measures proposed intimately involve nurses and the field of nursing in general. All of them require more registered nurses in various parts of the country; in hospitals, nursing homes and other health agencies. Whether this shortage of nurses is due to under-utilization or maldistribution of nursing personnel, the nurse-patient ratio is far out of line with projected needs. In addition to primary health care services, new job opportunities are being created due to expanding roles in the field. In answer to this, there has been a rapid development of associate nursing degree programs. In 1970 alone an average of one new program each week was initiated.[1] Altman has predicted that by 1980, between 62% and 66% of all admissions to preparatory programs in nursing will be through associate degree institutions.[2] It is

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[1] Rasmussen, Sandra. Technical Nursing Dimensions and Dynamics. Philadelphia, F.A. Davis Company, 1972, Foreword

[2] Lysaught, Jerome P., Director of National Commission for the Study of Nursing and Nursing Education, From Abstract into Action. New York, McGraw Hill Book Company, 1973, p. 158

understandable that practitioners graduating from these programs have a tremendous impact on nursing practice now and in the future. Although, as Mildred Montag stated in her chapter *The Associate Degree Nursing Program, Idea and Concept* "No group in nursing has ever been studied and evaluated to the extent that the associate degree program graduates have."[3] Continued study of these nursing programs are very much in order. Since 1923 there has been a succession of studies on nursing education, most of which have had little impact. In 1974 it would seem that conditions are significantly different, there is recognition and public concern that future requirements for adequate nursing care may not be met.

As Georgeen DeChow observed "...openness among associate degree nurse educators, their desire to move as the fields of nursing have been moving and the sharing of progress being made within and among programs has been a hallmark of associate degree nursing education."[4] On this note this study was undertaken.

A. Background of Study

Nursing education in the United States began with an apprentice type approach in a hospital setting. Although there were some innovations, this basic pattern endured until the 1950's.

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[3] Montag, Mildred. "The Associate Degree Nursing Program, Idea and Concept". Rasmussen, Sandra. Technical Nursing Dimensions and Dynamics. Philadelphia, F.A. Davis Company, 1972

[4] DeChow, Georgeen, "The Associate Degree Nurse in the Health Care Delivery System, Now and in the Eighties" National League of Nursing, Department of Associate Degree Programs. Associate Degree Education for Nursing--Current Issues, 1972. New York, 1972, p 51

Within the last 20 years a significant shift had taken place: the first associate degree program in nursing in a collegiate setting was instituted in 1952 (in response to a series of studies, inquiries and investigations of nursing education in America). In the 1960's the National League for Nursing listings of state-approved schools rose from seven to 392. As noted in the introduction, the 1970's have seen the associate degree programs multiply faster than any other type of nursing education. (There are now over 500 programs in the United States currently producing 32.5% of the nation's annual supply of R.N.s.)[5] Enrollment has skyrocketed together with the general enrollment and growth of community colleges[6] after World War II.

Today, although there's been much progress in the unification of nursing education it is still characterized by a multiple system. In fact, there are still three quite different kinds of institutions preparing individuals for a single licensure examination. Slightly more than half of the preparatory nursing programs are presently in the collegiate setting which includes baccalaureate and associate degree programs. The remainder is still in hospital schools. The professional organization of nurses, the American Nurses Association, has gone on record with the position

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[5] Rasmussen, Sandra. Technical Nursing Dimensions and Dynamics. Philadelphia, F.A. Davis Company, 1972, p. 36.

[6] As quoted by Montag, enrollment of community colleges rose from 600,000 students in 1960 to 2,000,000 in 1970 with a projected increase to 4,000,000 by 1980.

that all nursing education should be housed in institutions of higher education; the remaining hospital schools should be phased out according to a definite plan.[7] Although nationwide there has been a strong thrust toward the development of the college based nursing programs, the pace of change has varied widely from state to state. In response to general changing needs of the health care system and innovative trends in nursing education (such as experiments on institutional licensing in Illinois), continued improvement of quality is necessary on an individual and nationwide basis. The need to keep up with change is acknowledged among associate degree programs. "The only question that remains is the manner and direction for change -- not whether it should or should not take place."[8]

B. Purpose For Study

This study was undertaken to ascertain current trends in associate degree nursing programs and to discover innovative ideas and techniques which could be applied to the existing program of nursing education at Miami Dade Community College.

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[7] "National Commission for the Study of Nursing and Nursing Education". Amer. J. of Nurs. 70:2, February 1970, p. 281

[8] ibid., p. 285

II. METHOD AND PROCEDURE

A. Selection of Sample

A stratified sampling[9] of state-approved associate degree nursing programs was taken from a listing in *The College Blue Book* and *National League for Nursing "Information About State-Approved Associate Degree Programs in Nursing"*.[10] The target area (central United States) was divided into states and one or two schools were randomly selected from each of nine (9) states. No effort was made to differentiate between public and private institutions. Fourteen Colleges were initially contacted. Two responded that their programs were not in session during the summer so that the faculty was not available and the other two were not visited due to the energy crisis. Ten programs in six states were visited.

B. Design

A survey approach[11] was decided upon in order to provide data

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9 Stratified sampling or stratified random sampling is taking certain areas of the population, dividing the areas into sections, and then taking a random sample from each section. Treece, Eleanor W. and Treece Jr., James W. Elements of Research in Nursing. St. Louis, Mo. The C.V. Mosby Company, 1973. p. 81

10 The information was supplied by the programs in response to a questionnaire distributed by the National League for Nursing, Department of Associate Degree Program.

11 The survey approach is a non-experimental type of research in which the researcher investigates a group of people. ibid., P. 162

about the programs at the present time. Information was gathered by utilizing a focused interview technique, using a tape recorder and an interview schedule (See Appendix C). The interview schedule was in the form of a questionnaire which was read to the respondent. The respondents were encouraged to digress or express their thoughts and opinions on any of the topics at any time during the interview.

C. Development of the Instrument

The questions in the interview schedule were devised after discussion and consultation with other members of the faculty of Miami Dade Community College specializing in the various fields and personally based on research of pertinent literature.

D. Data Collection and analysis

Initially, a month in advance of the trip, a letter (See Appendix B) was sent to the individual program selected, explaining the reason for the study and giving an approximate date that the interviewer would be in the area. The administrators of the various nursing programs were then contacted by telephone several days in advance to schedule the interviews.

Either the head of the nursing program, one or more of the faculty, or both, were present at the interviews. As mentioned

before, although the interview guide was used, there was much opportunity to seek clarification and discuss any particular area that the respondents desired.

The interviews ranged from one-and-a-half to two-and-a-half hours averaging about two hours. With permission of the interviewees, nine of the interviews were tape recorded. (At the final interview there was a problem with the equipment.)

Later the interviews were transcribed for purposes of analysis. This method was advantageous since it minimized note-taking and thus avoided problems of selective interpretation and recall. None of the interviewees appeared uncomfortable during the interviews nor did they express unwillingness to have their answers recorded.

Responses were analyzed for content after transcription and the results categorized.

E. Limitation Of Study

The sample size had to be limited due to the energy crisis, the faculty availability when the trip was made, and lack of unlimited financial subsidy for this research. It is recognized that the survey approach yields a low degree of control over extraneous variables. The type of information obtained did not lend itself to a comparative study or evalutation of effectiveness of trends at this time.

III. RESULTS OF RESEARCH

A. General Information

The data was compiled from personal interviews with ten associate degree nursing programs in six states. (See Appendix A). The type of institutions was limited to two-year junior or community college ranging in general attendance from 925 to 4500 students with the average being about 2000 students. The Associate Degree Nursing Program of the University of Nebraska Medical Center at Omaha was also included.

Information as to part-time study, possible evening classes and living arrangements was assembled into Table 1. As noted in Table 2, four of the programs visited were on the quarter system (quarter usually ranging from 10-12 weeks) and the balance on semester (13-15 weeks). However, all of the programs could be completed in two calendar years. A May 1970 survey of 382 programs published by the Associate Degree Nursing Program Department of the National League for Nursing showed that 50% of the programs in the United States can be completed in four academic semesters[12] Four institutions visited for this survey completed in four academic semesters or six quarters, four additional programs were completed in four semesters plus one summer session or seven quarters and the remainder had time ranging from four semesters plus two five week sessions to eight

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[12] Rasmussen, Sandra. Technical Nursing Dimensions and Dynamics. Philadelphia, F.A. Davis Company, 1972, p. 33

TABLE 1

COLLEGE	POSSIBLE PART-TIME STUDY		EVENING DIVISION CLASSES POSSIBLE		LIVING ARRANGEMENTS		
	IN GENL EDUC.	IN NURS-ING	IN GENL EDUC.	IN NURS-ING	DORM RES. REQD.	AVAIL. THRU COLL.	INDVL ARGMT ONLY
GEORGIA							
ABRAHAM BALDWIN AGRI. COL	X		X			X	
FLOYD JR. COL	X	X	X				X
TENNESSEE							
COLUMBIA ST. COMM. COL	X	X	X				X
UNION UNIV.	X	X	X			X	
MISSOURI							
THREE RIVERS COMM.COL							X
MERAMEC COMM.COL	X	X	X				X
KANSAS							
KANSAS CITY KANSAS COMM COL	X	X	X				X
JOHNSON CO. COMM. COL	X		X				X
IOWA							
IOWA WESTERN COMM. COL	X		X				X
NEBRASKA							
UNIV. OF NEBRASKA	X	X	X				X

TABLE 2

COLLEGE	USUAL LENGTH OF PROGRAM	USUAL NUMBER OF STUDENTS IN PROGRAM	MAXIMUM NUMBER OF FRESHMAN ADMISSIONS
GEORGIA			
ABRAHAM BALDWIN AGRI. COL	6 qtr	74	60
FLOYD JR. COL	6 qtr	101	60
TENNESSEE			
COLUMBIA ST. COMM. COL	7 qtr	135	60
UNION UNIV.	4 sem 2 5-wk wtr terms or 2 acad. yrs	165	100
MISSOURI			
THREE RIVERS COMM. COL	4 sem 1 s.s.	40	20
MERAMEC COMM. COL	4 sem 1 s.s.	200	100
KANSAS			
KANSAS CITY COMM. COL	4 sem	140	65
JOHNSON CO. COMM. COL	4 sem	100	58
IOWA			
IOWA WESTERN COMM. COL	8 qtr	43	27
NEBRASKA			
UNIV. OF NEBRASKA	4 sem 1 s.s.	83*	100

*426 in the three level program

Abbreviations: sem-semesters; qtr-quarters; s.s.-summer sessions

quarters. Eighty percent of the schools took in freshman classes just once a year, in the fall, the exceptions being Meramec Community College (Missouri) and Kansas City Kansas Community College, both of which had fall and spring admissions.

All the programs visited were state-approved schools of nursing education leading to an associate degree. In addition four were accredited by the National League for Nursing, four were pending accreditation by the N.L.N.[13] Two schools were not either N.L.N. approved or pending.

B. Faculty and Policies

The ease with which a graduate of the various associate degree programs is able to continue with advanced study to the baccalaureate degree varies widely. None of the states visited had upper division community college programs prepared to accept graduates of the nursing program in the state at the present time, although several of the respondents spoke of future plans in this direction. In Tennessee, two programs of this type were proposed but neither were approved by the Board of Nursing. The University of Nebraska since 1973 has the curriculum set for the "ladder" concept and the entire program facilitates this. In Georgia it was mentioned that all the four-year colleges in the University system gave blanket credit to lower division work, whereas in Tennessee and Missouri upward mobility was made very

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[13] National League for Nursing accreditation is national in scope and voluntary, rather than required by law. It is a professionally oriented approval, with standards set uniformly throughout the United States.

difficult. In Iowa, credit for education courses could be transferred but nursing credits were not transferable. In a few states it was noted, that one or more of the four-year schools would accept associate degree graduates into their program after taking a "challenge exam" in nursing and taking additional courses in general education required by the admitting institution. As shown there was considerable difference in upward mobility from state to state.

Although all the respondents felt that hospital diploma programs would eventually be phased out it was noted that in all the states visited there were at least three-10 diploma programs still active. In the urban area surrounding St. Louis alone, eight schools were graduating students eligible to take the state examination for licensure for a registered nurse. Two of the people interviewed expressed concern with eventual over-abundance of nurses in various urban areas but noted that their graduates had no difficulty getting jobs at present. Most of the respondents felt that there was still "a nursing shortage" in many of the institutions hiring nurses at present especially in the less populated areas. Several schools noted total employment of their graduating seniors, most of them in the local communities surrounding the college. Two of the schools have mentioned making surveys of employment of their graduates. In some states, a survey of employment has been made by the State Board of Nursing. In Kansas, the State Department of Vocational Education requires

one-, three-, and five-year follow-up studies of all entering students. Other than these surveys, the various departments of nursing mentioned no other studies currently being undertaken to assure that the nursing program remain relevant to changes in nursing practice and responsive to the needs of the community. One respondent spoke of plans to send questionnaires to the graduates of her program to aid in the evaluation of the effectiveness of the program in relation to the employment of the graduate.

Two directors noted that hospitals in their community wanted students who were more adept in leadership roles. Two of the colleges included separate courses in leadership and team nursing in the second year.

In all the states except Iowa, where it is in the Junior College, practical nursing programs are in a vocational school setting. The majority (90%) of associate degree programs offer exemption "challenge exams" for the first nursing courses to licensed practical nurses. It is noted that in Iowa there are three junior colleges that have the "ladder" concept for L.P.N.s and if the student takes the necessary arts and sciences, she can complete her studies for an associate degree in one year.

Many of the respondents commented on the difficulty of getting adequately prepared faculty. In all the colleges the full-time faculty had baccalaureate degrees in various phases of nursing, education or science. Both Floyd Junior Community College and Iowa Western Community College employed part-time R.N.s

without degrees for clinical instruction. All of the schools had at least one person on the faculty with a masters degree and several mentioned that their faculty were all working toward the goal of advanced degrees.

Students evaluate faculty performance and course relevancy in all the schools. In some, a general college evaluation form is used; in others, the department or the individual faculty member may make up his own form. Evaluation times vary from twice in each quarter to once during the year. This carries variable weight according to the philosophy of the school involved.

It was noted that workshops in classroom teaching techniques, test construction, etc., are being given on a state wide basis in Tennessee (Associate Degree Council). Many colleges also have their own in-service programs with various degrees of activity. Two colleges did not mention any program of this type. Some, like the University of Nebraska mention that they have task forces of faculty studying necessary changes in teaching strategy, curriculum, etc.

Faculty accountability for student failure and responsibilities as far as counseling, tutoring and extra classes varies widely from, as one respondent stated "individual help if the student seeks out the instructor" to planned remedial classes. This, again, seems dependent on the philosophy of the institution and the philosophy of the program.

Finding adequate time for planning seemed to be a problem in

all the schools. Three of the schools provided funds for release of time for the faculty to work on course planning, revision of practice, curriculum, etc. One stated, "the only time they could get together to plan was during exam week."

The size of the faculty varied according to the number of students in the program, (See Table 2) with the average of one faculty member to 10-12 students in the clinical area. The exception was Three Rivers Community College (Missouri) where the ratio was one faculty member to 5-6 students. The sizes of the theory classes ranged from 20-100 students.

C. The Nursing Program

1. Entrance Requirements

There was a marked similarity between programs. The following exerpt is representative.[14]

> *"Applicants must fulfill the general requirements for admission to the college. The selection of students is based on the following additional factors:*
>
> *Evidence of good physical and mental health.*
> *Satisfactory records in high school and college or programs previously attempted.*
> *Have a minimum composite ACT, score of 17.**
> *An interview with the nursing faculty may be requested.*
>
> **A student making below 17 on the ACT may be allowed to enter the program by taking 12 hours of college courses in one quarter with a minimum 2.C average for each course."*

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[14] Catalog, Columbia State Community College, Columbia, Tenn. 1974-1975. p. 58

[15] SAT - College Entrance Examination Board Scholastic Aptitude Test.
ACT - American College Test.

Some programs required scores on the SAT, some the ACT,[15] and the Missouri Placement Test was also mentioned, but all the programs required some form of general standardized testing. In addition to the aforementioned requirements, the University of Nebraska also stipulated in a College of Nursing brochure:

> *"You must be a high school graduate, and your records should include 16 units from a 4-year high school or 13 units from a 3-year high school. These should include English - 3 units, Mathematics - 2 units, Science - 2 units (one course should be chemistry), and Social Studies - 2 units.*
>
> *You must rank in the upper half of your high school graduating class...Admission is highly competitive."*

Six respondents noted that credit by CLEP examinations are generally accepted by their programs. Seven out of 10 schools specifically stated that a high school equivalency (GED) was acceptable. Three schools said that they had an admissions committee made up of faculty. One stated, "academic committee for selection was college-wide and the head of the nursing program was the only one of the nursing faculty on it."

Two of the 10 schools (Floyd Junior and the University of Nebraska) mentioned that they had an "open curriculum." Abraham Baldwin Agricultural College said that they would accept any student who applied and qualified, the other nine respondents stated that they were very selective in choosing their students.

All of the programs were set up so that the students could take general education courses prior to admission to the nursing program but none of them required any college courses before

admission. Four of the respondents mentioned that they encouraged students to take college credits in Science, English, etc., only if they could not accept them in the program when they applied. (i.e.- if their SAT score was too low.)

2. Approach

When asked to describe the framework of the programs, some of the answers were:

> *"The curriculum approach is based upon methods of meeting the basic health needs of the individual within the framework of nursing problems presented in Patient-Centered Approaches to Nursing by Abdellah, et al".*
> *(Columbia State Community College)*

> *"Focuses on the normal to abnormal health needs of the individual based on Maslow's Heirarchy of Needs. The underlying scientific principles and the skills necessary to assist one in meeting these needs".*
> *(Union University)*

> *"Patient-centered, with focus on general areas of dysfunction (stress due to inadequate oxygenation, disturbance of sensory function, etc.)"*
> *(Abraham Baldwin Agricultural College)*

> *"The concept of homeostasis and of nursing process."*
> *(Meramec Community College)*

> *"Patient-centered approach from health to illness."*
> *(Three Rivers Community College)*

> *"We are using Maslow's categorization of needs as a basis for determining physiological needs."*
> *(Iowa Western)*

Most of the schools mentioned use the scientific approach to problem solving and the concept of simple-to-complex based on arts and sciences. All felt that there are definite "common threads"

stressed in each course. In three of the schools these were written out clearly and given to the students. At Meramec, these were made into objectives and evaluation was based on them.

3. Teaching Methods

In teaching, eight of the schools had excellent autotutorial laboratories and encouraged much independent study. Theory was presented principally through lecture and discussion. Much effort was made to correlate theory and practice.

Kansas City Kansas Community College used a modular approach to the entire first year. Common threads such as: Pharmacology, Nutrition, Anatomy and Physiology, were integrated. All material is presented in at least two different ways so that students can use alternate strategies to learning. There are very few lectures at this school and students do not have to come to class during the first year if they do not wish to except to take tests.

At Johnson Community College, the students are given a list of specific objectives and at the end of each unit, they must pass proficiency examinations or they cannot continue in the program. If they pass the proficiency exam they have the option to take an examination for a higher grade. If they decide not to take the second test, their grade is a "C".

4. Pediatrics and Obstetrics

There seems to be a definite trend toward greater integration

of all subject matter. Pediatrics is now integrated in nine of the 10 programs visited. It is generally presented together with medical-surgical nursing, and/or psychiatric nursing. Obstetrical nursing is still presented as a separate course in all the schools except Kansas City Kansas Community College where normal Obstetrics is presented in the first year and abnormal presented in the second. At Abraham Baldwin Agricultural College, Pediatrics and Obstetrics have been combined into a Maternal/Child Health Course which is given in the second quarter of the sophomore year.

It was mentioned by six of the respondents that hospital pediatric facilities in their areas were very small, and much of the pediatric experience during the first year was focused on developmental concepts in a well-child milieu (day care centers, public schools, nurseries, and pediatricians' offices). Meramec Junior College gives no pediatric experiences in the first semester at all. All of the programs presented some experience with well-children. In four of the programs all teaching personnel go to the pediatric areas as needed. In two programs, faculty with pediatric experience are used and students are rotated through these areas. In the remaining programs, faculty rotate from course to course with the administration giving them preference as to teaching area when possible. It was noted at Johnson County Community College that clinical experience in the pediatric area was given on two 8-hour days twice a week in the first year and three 8-hour days a week in the second year.

5. Community Health

Eight of the 10 respondents stated that they were not placing any increased stress on community health. None of the schools gave a separate course in community health. Six mentioned that they integrated community health with the remainder of the curriculum. Abraham Baldwin Agricultural College gives no actual experience in the community. Rather the faculty discusses in class, resources available for patient rehabilitation. At Floyd Community College, students visit nursing homes and schools. At Columbia State, students observe at a public health facility and also at a school for retarded children. At Union University, there's a course which focuses on normal aspects of family care. In conjunction with this each student chooses a family and will make home visits. Nine of the students stated that when their students go into the community it was mainly for observation purposes; they do not participate in examinations, visit at home, etc.

6. Psychiatric Nursing

In all the programs visited there was some integration of mental hygiene usually starting with therapeutic communication skills in fundamentals. The usual reason for this given by the faculty is that they felt the early introduction of these principles was important in order to help the student establish rapport with her patients and relate to the patients better. It also contributes to the understanding of the patient's emotional needs, etc.

In one school there was total integration of psychiatric nursing in each semester. This was broken down to eight-, 10-, 14-, 20-hours in progressive semesters. In three of the programs, there was integration but with a concentrated unit on psychiatric illness in the second year. Another school had a separate course, plus some integration with other subjects. The remainder of the programs, the psychiatric nursing program was presented as part of another course (i.e. half of medical-surgical nursing). Lecture and discussion time varied (for example, 4-8 hours per week of lecture and discussion, 9-16 hours per week in laboratory. Some had 5-6 week blocks if the unit or course was divided at all). Credits assigned varied from seven credits for an entire course to any number as an adjunct to another course.

The types of clinical areas utilized varied according to availability. The ones primarily utilized were state hospitals, private nursing homes with mentally ill patients and some general hospitals. It was noted that all had some acute and chronic type of experience.

The number of students studying psychiatric nursing at one time ranged from 10-50.

When asked about goals of the course, some samples of the answers were:

"We attempt to identify behavior patterns and discuss psychiatric nursing intervention."

"Recognition of mental problems of daily living."

"Design to provide learning experiences which will enable the student to develop a better understanding of self, the behavior of normal individuals, and the deviations that may occur."

"Refining and increasing communication skills, fundamental to psychiatric nursing intervention."

"The use of the nursing process to provide care for patients with problems resulting from stress due to disturbances of personality structure."

When discussing the framework for the psychiatric courses, some of the answers were as follows:

"Prevention of Mental Illness."

"Study of Freud and other men in the field."

"Behavior modification, units based on behavior patterns."

"Normal to abnormal based on problems of living."

"A combination of everything with concentration on the main diagnoses of mental illness."

"Group experience and behavior using transactional analysis and behavior modification."

Activities consisted of a one-to-one relationship in eight out of the 10 programs. In addition, some provided experiences in the observation of behavior modification, psychological testing, remotivation techniques, group discussion, and shock treatment. Role playing and conferences with psychiatrists and other staff members were also used. Some of the textbooks currently being used are:

Hayes and Larsen, Communication Skills
Burgess and Lazare,
Psychiatric Nursing in the Hospital and Community
Robertson, Psychiatric Nursing as a Human Experience
Hofling, Kyes and Leininger, Basic Psychiatric Concepts
Manfreda, Psychiatric Nursing
Robinson, Fromm, Concept of Man

the book by Methini was also mentioned. The remaining three schools used no specific textbook and students were assigned reading from various library reference books.

The evaluation in five of the 10 programs was based on aforementioned threads and course objectives. Others mentioned paper and pencil tests based on objectives also self-evaluation of students.

As far as planned changes in the design of the course, four schools planned no changes. Others mentioned:

"More stress on pathology and prevention."

"Two new units on sexuality and geriatrics."

"More focus on normal health needs and underlying scientific principles."

"Greater integration of psychiatry throughout the program."

7. Fundamentals

The students applying to the programs represent a broad cross-section of young, middle-age, male and female, single, married, and divorced. The ages range from 17 to 55. In Rasmussen[16] it was noted that there was a greater percentage of admissions in the age group from 35 to 55 but this was not brought out in this study. All the schools visited had the largest percentage of their nursing student body as white, lower to middle socio-economic bracket. The percentage of black students varied from none to 33%. There were a few Orientals and one to two Chicano

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[16] Rasmussen, Sandra. Technical Nursing Dimensions and Dynamics. Philadelphia, F.A. Davis Company, 1972, p. 33

students. In all the programs, the majority of students were high school graduates or had high school equivalency (GED). A few (1% to 2%) had baccalaureate degrees or higher in other fields.

None of the programs used any type of pre-test for retained information other than the standardized college entrance exams mentioned before. One of the schools (Meramec Community College) had used the *EDWARDS PERSONNAL PREFRENCE SCHEDULE* test on all of their incoming students on an experimental basis, gathering data since 1970. The report was not complete at this time. The University of Nebraska mentioned that they have collected baseline data on entering students' career goals and preferred learning styles and had given the incoming students a health care professional attitude inventory and the *EDWARDS PERSONNAL PREFRENCE SCHEDULE*. Abraham Baldwin Agricultural College also mentioned that there was an additional mathmetics test which was distributed by the Board of Regents but this was given sometime during the first semester. Students were accepted on a first-come basis after meeting the requirements for the nursing programs in five of the schools. Four of the respondents noted that they were very selective with their prospective student body and had admissions committees and specified selection criterion. With some the interview and background of the student was an important factor in the decision of admission.

In the Fundamentals Courses, all the programs seem to stress normal activities of daily living. Some statements on approach

to content are:

"The content focused on basic health needs of all age groups."

"Introduction to Nursing with emphasis on the maintenance and promotion of physical and mental health."

All the respondents stated that they used the simple-to-complex (linear) approach with 80% using lecture and discussion as the main teaching strategy during the first course. Others used small group, programmed text, and autotutorial methods.

For failing students, additional study guides and autotutorial studies were encouraged. In some programs, the Fundamentals instructors were responsible for tutoring the failing student individually. In three schools, there were college remedial programs such as reading and mathematics to which the student was referred. One respondent stated that the failing student was encouraged to practice in the nursing laboratory with peers.

When discussing how it was determined what was to be included in the Fundamentals Course, the following was reported:

"All the faculty got together and decided what was to be considered as normal health needs."

"The faculty decided what was considered fundamental and what was more advanced."

"We decided the most important material to be included, then what was less important, etc. We made this first course more skill and communications oriented."

"The whole faculty evaluated the subject matter using the nursing problems approach; the major emphasis in the differences and commonalities found amoung the most frequently occuring health care problems."[17]

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[17] Kansas City Kansas Community Junior College, Division of Nursing. "Self Evaluation Report". Kansas City, Kansas, 1973. p. 50

"We consulted with State and N.L.N. consultants as to what should be covered in the time we had."

"We had a full year of planning before the program started to decide what the program should include."

In four of the Fundamentals Programs, mathematics is taught by programmed text with self-study and tested by faculty-devised tests. In two, the mathematics department of the college or the remedial learning center handles the mathematics program. In the remainder, it was noted that mathematics was integrated and included in the modules or general presentation of material.

In one program, Nutrition is taught with a programmed text, in the other nine it is integrated in the subject matter. Four of the colleges have a separate unit of study on it (Nutrition).

For schools on the quarter system, medications are not given during the first quarter. For the remainder, medications (both oral and parentral) are given at the end of the first course of nursing.

Hours in the clinical area are surprisingly the same, 90% of the schools having 6-hours per week. In eight of these, this was divided into two 3-hour sessions. In one school, half of this time is spent in the campus learning laboratory and the other half in the clinical area. In another school, two 8-hour days per week (16 hours) are allocated to the Fundamentals of Nursing to be divided as necessary between theory and practice.

Lecture varies from two- to four-hours per week with time allocated to autotutorial and small group discussion. Credits range

from five to six for a semester and four for a quarter. None of the schools visited had separate courses for theory and practice. The average for Fundamentals is 10 students per instructor in the clinical area (the range being from five to 12 students per instructor). In 80% of the schools, extended care facilities are used. Five of the schools stipulated that a geriatric patient is first assigned for practice with communication skills and nursing care. Nursing laboratory experiences range from weekly scheduled sessions to encouragement of independent studies using study guides and autotutorial materials. In one school this varies with individual needs and in another the poor students are encouraged to use the laboratory with peer teachers. (The majority of programs however, do not use peer teaching.) In three of the programs, the students were encouraged to do independent study and go at their own rate based on course and unit objectives (although there were time limits set). In the other schools the classes were encouraged to stay together.

In all the programs, some IPRs (Interpersonal Relationship Reports) and Care Plans were required. Two programs had students write a simplified form of the Nursing Care Plan each time they went to the clinical area. One school allocated two weeks of concentrated study on IPRs in a one-to-one patient relationship.

All the programs spoke of efforts to correlate theory and practice using less time in the clinical area for bed making and bed baths and other routine procedures and more concentration on the objectives for the day. All utilized pre- and post-conferences.

Two mentioned using multiple student assignments[18] for better concentration on its objectives.

Evaluation and/or threads running through the program in all the courses are based on stated course objectives. Two of the programs mentioned that critical requirements and basic competencies have been delineated and these were used as guidelines for evaluation. Seven of the schools involved, used the pass-fail system for clinical evaluation, the remainder graded performances in the clinical area. Evaluation of theory was based on written examinations related to assigned reading, class content and discussion.

D. Summary

It was noted that each associate degree program differed from the others depending upon the philosophy and practices of both the college in which the program was developed and the faculty of the nursing program. There were, however, characteristics which were applicable to all the programs. Some very basic commonalities were noted:

The program of study combines nursing courses and supportive college courses.

Students must meet requirements of the college to be admitted to the nursing program.

Costs and living arrangements for nursing students are comparable to those for students in other curriculums in the colleges.

The costs are usually minimal for local students.

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[18] Multiple student assignments: two, three or four students are assigned to care for a single patient with a specific problem being studied.

> The Associate Degree nursing program prepares students to be eligible to write state licensure examination to become a registered nurse.
>
> The programs vary in length from two academic years to two calendar years.
>
> The majority of the programs are conducted and controlled by public junior or community colleges, some are in senior colleges or universities, some in technical institutes, and a few are in private institutions.[19]

There seems to be a thrust to greater integration of subject matter in many schools. New approaches and strategies are being devised for greater transfer of learning from social and biological sciences like psychology and sociology to nursing and greater integration of subjects within the nursing curriculum. Courses that were previously taught as separate entities such as Pediatrics, Nutrition, History and Legal Aspects of Nursing are now integrated into the general curriculum.

Psychiatry is being integrated for the most part, but with concentrated units of study. Obstetrics is still being presented as a separate course.

The ease of upward mobility or "career ladder" seem to differ from state to state depending in most cases on acceptance of junior college transfer credits by 4-year schools.

Many programs were working on a modular approach to various segments of their programs and there seemed to be a definite thrust toward self direction in learning. Teaching methods seem to be much more varied in scope than in previous years.

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[19] National League for Nursing, Department of Associate Degree Programs. "Information About State Approved Associate Degree Programs in Nursing". New York, National League for Nursing, 1973-1974. p. 2

In the schools visited there was also a trend toward consideration and use of current practices in the delivery of health care and to the utilization of a greater variety and newer types of agencies offering nursing care (i.e. nursing homes, extended care facilities).

Fundamentals is presented in a skill-oriented manner and tended toward consideration of the normal well person in most of the programs. The entire curriculum seemed more closely coordinated, held together by clear, common "threads".

It was still noted that psychiatric nursing was oriented toward human dysfunction and nurse-patient relationships in sickness rather than preventive practices. Two of the programs are introducing therapeutic community concepts and group interactions in the care of the patients and their families. Although it was noted that there has been considerable legislation for the construction of community health centers (the Kennedy-Johnson Administration), very few of these facilities seem to be available at this time for clinical experience for nursing students.

IV. DISCUSSION

Many of the programs were planning and using innovative and varied ideas. All of the programs had some increased emphasis on the use of audio-visual equipment. Johnson County Community College used almost exclusively the learning laboratory with its multi-media, autotutorial equipment. In four of the schools, there was marked concentration and discussion of learner-paced modes of teaching. These emphasized varying concurrent methods of presentation of material and alternate teaching strategies based on testing and stated preferences at the beginning of the semester. In Kansas City Kansas Community College, the faculty are designing a special course which will allow them to assist in meeting the individual needs of groups of students such as those with defined deficiencies, those who need specialized study, and those who desire the opportunity for advanced or indepth study of a specific nursing function. The modular approach with study guides and written behavorial objectives place much more stress on the students' responsibility for learning, with the teacher acting more as a facilitator by providing opportunities for learning to occur and by giving guidance.

In Kansas City Kansas Community College the entire first year was presented in a modular approach. For each block or unit of material the student was given the course outline, the study guide, the guide to autotutorial study and the objectives. The information was all color-coded and inter-related for greater

facility of self study. Several alternate strategies for learning were presented. For example, there would be film loops, audio-tapes, and perhaps a lecture on the same subject matter. The student could use one or more of the methods available, so actually he would not have to attend scheduled class if he did not wish to. Testing was scheduled at the convenience of both the student and the teacher.

Johnson County Community College instructors were encouraged to produce media (i.e. making their own audio and video tapes which could be synchronized with film loops and other media). The students could use these as well as commercially prepared learning tools for advanced study and/or remedial work. Since the multi-media laboratory was open all day and manned by nursing instructors, the students could spend as much time as required to learn the lessons involved.

Although all of the programs visited are still aimed at producing beginning practitioners for episodic care (within the institutional setting) there is emphasis toward future thought and consideration of inclusion of distributive nursing (that area which emphasizes prevention of disease, maintenance of health and largely directed toward the care of persons not confined to health care institutions). This is in keeping with demands of current health care systems proposed and will be necessary for future practitioners.

It was also noted that there was little concentration or

discussion on the expanded role of the nurse.

Some of the interviewees commented favorably on a proposed break in the pattern of preparing a generalist in nursing and would consider the teaching of basic core courses with the opportunity to learn skills specific to an area of the student's choice.

There seemed to be a need for qualified faculty in all the areas visited. As Brown[20] stated, "lack of qualified faculty is the number one national problem in the field of technical nursing education." As mentioned in the 1970 Nurse/Faculty census, the N.L.N. found that 5.5% of the associate degree nursing faculty positions were vacant. In the past years of continued expansion of the associate degree programs there has undoubtedly been an increase in the vacancy factor. The faculty/student ratio in the clinical area seemed not to vary too widely among the various programs but there was some use of multiple assignments, television monitoring and other methods to increase the effectiveness of the present faculty. There was a decided effort in all programs toward advanced education of all faculty members.

The desire for additional education should be an attitudinal outcome of an effective basic education program.[21] However, in several states, community colleges are considered "technical or vocational training", and credit transfer is very difficult.

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20 Rasmussen, Sandra. Technical Nursing Dimensions and Dynamics. Philadelphia, F.A. Davis Company, 1972, p. 31

21 DeChow, Georgeen. "The Associate Degree Nurse in the Health Care Delivery System, Now and in the Eighties". National League for Nursing, Department of Associate Degree Programs. Associate Degree Education for Nursing--Current Issues, 1972. New York, 1972, p. 45

Indeed, those programs who consider themselves in this light make little effort to encourage students to go on for advanced study. This contention is supported in Technical Nursing Dimensions and Dynamics[22] that "the majority of community junior college students express a desire to continue education at a university after graduation. This statement is less characteristic of students attending college with a strong technical education focus." At present, graduates of associate degree programs are attempting to fit into existing baccalaureate programs as best they can in many states. As far as upper division programs, specifically designed for associate degree graduates, there is little or no evidence of progress. It should be noted that some state systems have oriented the whole community college structure primarily along the lines of occupational education.

There has always been a problem in the articulation and acceptance of transfer credits. It has been noted in the literature that many of the four-year institutions have thrown definite blocks in the way of the transfer student. Of course, it's recognized that there is a distinction in the philosophy and approach of the two-year community college and the four-year institution, and there seems to be a need for improved communications so there can be better understanding of the roles of both, especially in the area of transfer of credits.

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22 Rasmussen, Sandra. Technical Nursing Dimensions and Dynamics. Philadelphia, F.A. Davis Company, 1972, p. 52

It is true that in some states this problem seems to be easing (the University of Tennessee has stated their confidence in, and committment to, the graduates of community colleges in their state). It is also noted that a federal agency is currently working on these problems. Both the University of Nebraska and Georgia State University have designed a curriculum that will offer an associate degree in nursing and then they accept their own graduates plus degree students from other two-year institutions into a baccalaureate program. There has also been some experimentation with the enrollment of diploma school graduates into the junior year of this system.

In the light of the above report, we would like to recommend for future study:

Systematic evaluation and examination of the impact of associate degree nursing programs with research into the curriculum.

Research into the requirements for graduation from associate degree programs, since it was noted that they vary widely.

Better state and nationwide coordination of nursing education programs.

Research into the success of associate degree graduates in the four-year college setting as compared to beginning students in the same program.

Because we consider the problem of transfer of credits to a four-year institution to be of prime importance we agree with Lysaught in his report From Abstract to Action[23] that we should

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[23] Lysaught, Jerome P., Director of National Commission for the Study of Nursing and Nursing Education. From Abstract into Action. New York, McGraw Hill Book Company, 1973, p. 158

discard the outdated notion that two and four year programs should be intrinsically different and recognize two quite evident points (1) increasingly, the two-year institutions will become feeder schools to baccalaureate programs...(2) four-year institutions must not only reorganize themselves to admit these students but must cope with the fact that what they have been doing in upper division courses must be altered to provide a true continuation of education with expanded electives and deepened scientific and clinical content.

BIBLIOGRAPHY

BOOKS

Evans, Frances Monet Carter. The Role of the Nurse In Community Mental Health. New York, The Macmillan Company, 1968.

Fox, David J. Fundamentals of Research in Nursing, Second Edition. New York, Meredith Corporation, 1970.

Lysaught, Jerome P., Director of National Commission for the Study of Nursing and Nursing Education. From Abstract into Action. New York, McGraw Hill Book Company, 1973, ..

Rasmussen, Sandra. Technical Nursing Dimensions and Dynamics. Philadelphia, F.A. Davis Company, 1972

Treece, Eleanor W. and Treece Jr., James W. Elements of Research in Nursing. St. Louis, The C.V. Mosby Company, 1973.

PUBLICATIONS and PERIODICALS

Bowman, Rosemary Amason and Culpepper, Rebecca Clark."Power: Rx for Change". Amer. J. of Nurs.74:1054-1056, June 1974.

Dade County Mental Health Board. Report: The Study Committee on Mental Health Needs of Young Persons in Dade County. March 4, 1974.

Grede, John F. Concepts and Comments: Occupational Education and Community College Facilities. Ohio State University Press, The Center for Vocational and Technical Education, December 1970

National Commission for the Study of Nursing and Nursing Education. Amer. J. of Nurs. 70:279-294, February 1970

National League for Nursing, Department of Associate Degree Programs, Associate Degree Education for Nursing -- Current Issues, 1972. New York, National League for Nursing, 1972.

National League for Nursing, Department of Associate Degree Programs. Associate Degree Education for Nursing Information about State-Approved Associate Degree Programs in Nursing. New York, National League for Nursing, 1973-1974.

Proceedings: Conference on the Community/Junior College. The University of Tennessee at Knoxville Press, Knoxville Tennessee. April 1972

APPENDIX A. LIST OF PROGRAMS INVESTIGATED

STATE	COLLEGE	HEAD OF NURSING PROG. AND TITLE
GEORGIA	ABRAHAM BALDWIN AGRI. COLLEGE ABAC Station Tifton, Ga. 31794	Fannie E. Dewar Acting Director Dept. of Nurs.Ed.
	*COLUMBUS COLLEGE Columbus, Ga. 31907	Helen T. Milian Director Dept. of Nursing
	FLOYD JUNIOR COLLEGE Box 789 Rome, Ga. 30161	Belen D. Nora Director Assoc. Deg. Nurs. Program
TENNESSEE	COLUMBIA STATE COMMUNITY COLLEGE Columbia, Tenn. 38401	Deanna Naddy, Dir. Dept. of Nursing
	UNION UNIVERSITY Jackson, Tenn. 38301	Isabel H. Neely, Chairman Dept. of Nursing
MISSOURI	MERAMEC COMMUNITY COLLEGE 11133 Big Bend Blvd. St. Louis, Mo. 63122	Sue Petrovich Chairman Assoc. Deg. Nurs. Program
	THREE RIVERS COMMUNITY COLLEGE 507 Vine Street Poplar Bluff, Mo. 63901	Katherine C. Lutes Director Nursing Education
KANSAS	KANSAS CITY COMMUNITY JR. COLLEGE 7250 State Avenue Kansas City, Kansas 66112	Donna Hawley Director Assoc. Deg. Nurs. Program
	JOHNSON COUNTY COMMUNITY COLLEGE 111th & Quivira Road Overland Park, Kansas 66210	Mary Lou Taylor Coordinator Assoc. Deg. Nurs. Program
IOWA	IOWA WESTERN COMMUNITY COLLEGE 2700 College Road Council Bluffs, Iowa 51501	Coordinator Assoc. Deg. Nurs. Program

STATE	COLLEGE	HEAD OF NUPSING PROG. AND TITLE
MINNESOTA	*HIBBING STATE JUNIOR COLLEGE Hibbing, Minn. 55746	Audrey B. Fay Chairman Dept. of Nursing
NEBRASKA	UNIV. OF NEBRASKA MEDICAL CENTER COLLEGE OF NURSING 42nd & Dewey Omaha, Nebr. 68105	Lois J. Merrill Assoc. Dean Assoc. Deg. Nurs. Program
NORTH DAKOTA	#NORTH DAKOTA STATE UNIVERSITY University Station Fargo, N.D. 58102	Marcia S. Moos Acting Chairman Dept. of Nursing
SOUTH DAKOTA	#PRESENTATION COLLEGE 1500 North Main Aberdeen, S.D. 57401	Sr. M. Bonaventure Hoffman, Chairman Assoc. Deg. Nurs. Program

*Not visited due to Associate Degree Nursing Program not being in session (summer vacation).

Not visited due to energy crisis.

APPENDIX B. LETTER SENT TO CHAIRMAN OF ASSOCIATE DEGREE PROGRAMS

TEXT OF LETTER

I am interested in researching techniques and methods for teaching fundamentals of nursing and psychiatric nursing. Enphasis is to be placed on philosophy, determinants of course content, and teaching strategies.

I will have a research leave of absence for this purpose and I plan to be in the vicinity of your college approximately the week of_____.

I would appreciate meeting with you to discuss this and will call when I'm in the area to find out if and when it will be convenient.

Sincerely,

Elaine G. Blackstone, R.N., M.Ed.
Instructor
Department of Nursing Education

Interview Schedule

Identification
Purpose of Study:

Length of interview:

Name of Faculty Member:_____

Address:_____

_____

Date:_____

I. General Information

A. What is the type of institution? (i.e., university, junior college)

1. How many students attend?

2. Is part time study possible?

3. Do you have evening classes?

4. Are there living arrangements on campus?

B. Who is the head of the nursing program?

Title:

1. How many students are in your nursing program?

2. What is the usual length of the program?

a. Do students attend during the summer?

b. How many times a year do you take in freshman classes?

3. Is the nursing program accredited? If so, by whom?

II. Policies

A. How do you facilitate upward mobility of diploma or associate degree graduates toward bachelor's

degree? (Ladder concept?)

1. How many diploma schools are there in this state?

2. Are there many schools for L.P.N.? If so what is the setting?(Vocational school, junior college,etc.)

B. Do you feel that your graduates are meeting the needs of your community? How have you determined this?

C. Faculty

1. Do your students evaluate faculty performance?

a. If so, how do they do this?

b. Is skill in classroom teaching recognized by administration? Are there any efforts to improve techniques?

2. Is the faculty held accountable for failures and dropouts? If so, what is done about this?

3. Has the faculty sufficient planning time? (Revision of curriculum, Research,etc.)

How many faculty members do you have in the nursing program?

How many contact hours do they have?
Lecture: Lab: Other:

III. Information about Nursing Program

A. What are your entrance requirements?

1. Do you have an "Open Curriculum"?

2. Are students encouraged to take general education courses prior to admission to the program? (Sciences?)

3. What is the maximum number of freshman admissions for each class?

B. Does your faculty generally accept the definition of the associate degree nurse adopted by the N.L.N. in 1967? Do they feel that the title "Technical Nurse" is appropriate for your graduates?

C. Can you briefly describe the framework of your program? (Patient-centered, Body systems, etc.)

D. Are there some of the "common threads" which are stressed in each course? (Problem solving, etc.)

E. What is the general method of teaching?

1. Do you make use of modules, teaching machines, multisensory approaches, etc.

2. What are some of the other strategies and modalities used?

F. Do you have Pediatrics and/or Obstetrics integrated in your curriculum or do you have special courses devoted to these subjects?

Why? (or why not?)

1. If your courses are separate, where are they placed?

a. What type of clinical experience do the students have?

b. How many hours per week?

2. If integrated, what are the sequence of courses with Peds integration?

a. Do you have experience with well children as well as hospital pediatrics?

b. Do you use faculty members with Peds experience to teach this phase of each course?

G. Are you placing any particular stress on community health at present? Explain.

1. What facilities in the community are being used for this course?

a. Do the students participate or just observe at these agencies?

b. Where in the program is information on communicable disease presented?

H. Psychiatric Nursing

1. Do you have total psych integration or a separate course devoted to this aspect of nursing?

Why?

2. What are the total credit hours assigned to this course? (if separate)

Lecture/Discussion contact hours:

Total hours in clinical area:

3. Types of clinical areas utilized (i,e., state hospital, community agencies,etc.)

4. Number of students usually enrolled in this course at one time?

5. Can you give a general statement of the

goals of this course?

6. What is the general theoretical scheme which serves as a framework for the psych course? (Psychoanalysis, Transactional analysis, behavior modification, etc.)

7. Give a general description of student activities. (one-to-one relationship, remotivation, etc.)

8. Is a textbook used? If so, which one(s)?

9. Can you briefly describe the evaluation tool used to assess student progress?

10. Are you planning any major changes in the design of the course? If so please describe.

IV. Fundamentals

A. What type of students do you have?

1. Age:

2. Ethnic background:

3. Educational level:

4. Socioeconomic bracket:

B. How are your students selected? Is there any type of pre-testing?

C. What type of approach is generally used? (ADL)

C. Blackstone

1. Do you use linear (simple to complex) or global (broad overall concepts) approach. in teaching?

   a. Usually lecture, or small groups, socratic,etc.?

2. Do you have special theory labs, individual tutoring,etc. to help failing students?

3. What are your over-all course objectives?

D. How do you determine what should be included in Fundamentals course?

1. What other courses are the students taking at the same time?

2. How do you present mathmatics, nutrition, and medications?

   Math:

   Nut:

   Meds:

3. How many contact hours are spent in the clinical area?

   How many contact hours in lecture and discussion?

   How many credits are assigned to this course?

E. Implementation

1. How many students does each instructor have in the clinical area?

2., What type of clinical facilities are used?

3. How many nursing lab experiences do the students have?

4. Are students encouraged to do independent study and go at their own rate?

5. How do you feel about peer teaching?

F. What competancies do you feel that the beginning student nurse should have when she finishes your course?

1. How much time do you spend practicing bed making, bed baths, etc.?

2. How do you teach problem solving, nursing judgements?

3. Do you require nursing care plans, IPR, etc. in the first semester?

G. Please briefly describe how you evaluate your students.

UNIVERSITY OF CALIF.
LOS ANGELES

JUN 6 1975

CLEARINGHOUSE FOR
JUNIOR COLLEGE
INFORMATION